	-Ur UAL	ILOUNIN	- FEISC	וומו								[-9-	v 		_	37/2	
	EL EXPÈI									9							
STD 2	62 A (RE)	/ 9/2007)						ĮÞ.									
CLAIMANT'S NAME Frank McCarton							SSAN OR EMPLOYEE NUMBER						DEPARTMENT CalEMA				
POSITION CB/ID NUMBER							DIVISION OR BUREAU						INDEX NUMBER				
Undersecretary E99							Executive Office						5120 Inland Region				
RESIDENCE ADDRESS							HEADQUARTERS ADDRESS 3650 Schriever Avenue						TELEPHONE NUMBER (916) 845-8539				
CITY STATE ZIP CODE							CITY STATE						ZIP CODE				
- 100 miles							Mather CA						95655				
(1) NORMA 0800 - 1	AL WORK HOU 700	RS:				(2)	PRIVATE	VEHIC	LE LICEN	SE No.:		(3) MILAC 0.50	SE RATE CL	AIMED:			
4) /YEAR (6) (7) (8)					(8)	MEALS	MEALS (9) (10) TRAN SPORTA								11)	(12)	
MONTH 1/2010		LOCATION		LODGING		I	0.T.,L/T.			(A)	(B)	(C)	(D)		BUSINESS	TOTAL	
					BREAK-			RELO.	INCIDEN	CÓST OF	TYPE	CARFARE.		CAR USE	EXPENSE	EXPENSES	
(5)		WHERE EXP			FAST	LUNCH	ORE	DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	1	FOR DAY	
DATE 1/14	TIME 1800	WERE INC	Humboldt	103:49			+		200000 400	1	sv	ARRING			0	-103:45	
1/ 14	1800	110 10	Hambold	93.49										0	0	93.4	
1/15	2200	Humbolo	It to home		6.00	10.	00	18.00	6.00	9	sv			MAG	MIINO	40.00	
							+			-		 	-	13	=		
														Φ	7		
1/22	0500 - 1700	Home	to LA and		6.00	10.	00				sv	9.00	0	3	D D	15,00	
			return				4-			-		1,00	-		C	15,00	
															m		
										1		1		8	YE	1	
															D		
							+-			-	-	 		-		-	
				S C C C C C C C													
								\									
							-			-			-			-	
							+								1		
													Security and the				
							+					9,00			1	148.4	
				93.49		10.00							4				
(13)	SUBTOTAL			103:49	103.49 12.00		20.00 18.00		6.00			45.00				-174.49	
		CLAIM TO														174.49	
	OSE OF TRIP, 1/14/2010: Gov	vernor's visit to	o Humboldt			UNERS W	THEN RE	:QUINE	D)							148.4 BAP	
	1/22/2010: Med ENCY ACCO	THE RESERVE OF THE PERSON NAMED IN	PCA	PROJEC			J AO	AMOUN	IT OB.	J AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL 148,49	
	OFFICE USE BY REV. FUND		99650	-	PHASE	292	2	174.49	2	13	9,00					174:49	
, Alb	31 NGV. 1 0ND	ONLON NO.						104,0	27								
			-	_					-					-	+	+	
																-	
			-		-	-	_										
						139,0	44							148.49			
				TOTALS				474:49			9.00					174.49	
and if milan	REBY CERTIFY e rates exceed . 0753 and 0754	the minimum ra	ate. I certify t	hat the cost of	operating th	nse as incu ne vehicle i	urred by r was equa	me in ac al to or g	cordance reate that	with DPA r	ules in the sen claimed, and th	vice of the State	te of Californ the requirem	ia, If a private ents as prescr	ly owned vehi ibed by SAM	cie was used, Sections 0750,	
0751-0752, 0753 and 0754 pengining to vehicle safety and seat belt usage, DATE						1	/ 10 TU' is					3	YMENT)				
-					1/2/	150	10	,					/				
/(17) SPE	CIAL EXPENSE	S SIGNAL	INU TITLE	(See Itme 17	on reverse	1									DATE		
											-						
D.	wiewed by	David Baile	v on 01/2	25/2010				3050 and									